

Governor's Work Ethic Certificate Program Implementation Application

| School Corporation Name: | | | |
|--|---|--|--|
| List ALL Schools for Implementation (include Elementary and Secondary, if applicable): | | | |
| Contact Name: | Contact Title: | | |
| Contact Phone: | Contact Email: | | |
| Recent School Year Graduation Cohort (# of potential graduates): | Recent School Year Graduation Rate (actual graduation percent): | | |
| Planned School Year Implementation: | Potential Student Graduates (number in cohort): | | |
| Targeted Students: Post-secondary Education-bound students Workforce, Industry-Certification or Apprenticeship-bound students Students with disabilities (including those with an IEP or 504 Plan) Career and Technical Education students Jobs for America's Graduates students List all Teachers/School Personnel Names and Titles Responsible for Implementation: | | | |
| List at least five (5) Partnering Employers, including organization, contact name and contact title involved in Advisory Council: | | | |
| List at least three (3) non-employer Advisory Council members, including organization, contact name, and contact title: | | | |

Please submit all completed applications to Chris Fitzgerald, Department of Workforce Development at workethic@dwd.in.gov



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| Please check all Standard Governor's Work Ethic Certificate Competencies included in corporation- | | | |
|---|--|-------------------------|--|
| spec | ific requirements: | | |
| | Students will demonstrate ability to persevere through challenges and p | roblem-solve | |
| | Students are accepting and will demonstrate service to others, possess a | a positive attitude and | |
| _ | communicate clearly | | |
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| | ☐ Students will demonstrate reliability, responsibility and teamwork | | |
| | ☐ Students will demonstrate organization skills, importance of punctuality and self-management | | |
| | , , | | |
| | and has met or is on track to meet all graduation requirements | | |
| | <i>v , v</i> | | |
| | tardy to school during the eligible school year | | |
| | , | | |
| | , , | | |
| | school year, for which s/he has not received academic credit or compen | sation | |
| | | | |
| Please provide a narrative justification for deviation of any of the above standard competencies | | | |
| (list standard competency and alternate competency): | | | |
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| Please provide a brief narrative regarding timeline for implementation: | | | |
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| Please provide details on prior Technical Assistance and/or requested Technical Assistance for | | | |
| implementation: | | | |
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| | | | |
| | | | |
| Elec | tronic Signature (print name): | Date: | |
| | | | |
| | | | |
| DWD USE ONLY | | | |
| Rece | eived by: | Date: | |
| | | | |
| App | roved by: | Date: | |
| | • | | |
| App | rovea by: | Date: | |

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